



# TRICARE® Covered Services

Take an active role in verifying your TRICARE coverage

TRICARE covers most care that is medically necessary and considered proven. There are special rules and limitations for certain types of care, and some types of care are not covered at all. TRICARE policies are very specific about which services are covered and which are not. It is in your best interest to take an active role in verifying coverage. Visit [www.tricare.mil/coveredservices](http://www.tricare.mil/coveredservices) for additional information about covered services and benefits.

## OUTPATIENT SERVICES

### Ambulance Services

The following ambulance services are covered:

- Emergency transfers between a beneficiary's home, accident scene, or other location and a hospital
- Transfers between hospitals
- Ambulance transfers from a hospital-based emergency room to a hospital more capable of providing the required care
- Transfers between a hospital or skilled nursing facility and another hospital-based or freestanding outpatient therapeutic or diagnostic department/facility

The following are excluded:

- Use of an ambulance service instead of taxi service when the patient's condition would have permitted use of regular private transportation
- Transport or transfer of a patient primarily for the purpose of having the patient nearer to home, family, friends, or personal physician
- Medicabs or ambicabs that function primarily as public passenger conveyances transporting patients to and from their medical appointments

**Note:** Air or boat ambulance is only covered when the pickup point is inaccessible by a land vehicle, or when great distance or other obstacles are involved in transporting the beneficiary

to the nearest hospital with appropriate facilities, and the patient's medical condition warrants speedy admission or is such that transfer by other means is not advisable.

### Durable Medical Equipment, Prosthetics, Orthotics, and Supplies

Durable medical equipment, prosthetics, orthotics, and supplies (DMEPOS) are generally covered if prescribed by a physician and if directly related to a medical condition. Covered DMEPOS generally include:

- DMEPOS that are medically necessary and appropriate and prescribed by a physician for a beneficiary's specific use.
- Duplicate DMEPOS items that are necessary to provide a fail-safe, in-home life-support system. In this case, "duplicate" means an item that meets the definition of DMEPOS and serves the same purpose, but may not be an exact duplicate of the original DMEPOS item. For example, a portable oxygen concentrator may be covered as a backup for a stationary oxygen generator.

**Note:** Prosthetic devices must be U.S. Food and Drug Administration-approved.

### Emergency Services

TRICARE defines an emergency as a medical, maternity, or psychiatric condition that would lead a "prudent layperson" (*someone with average knowledge of health and medicine*) to believe that a serious medical condition exists; that the absence of immediate medical attention would result in a threat to life, limb, or sight; when a person has severe, painful symptoms requiring immediate attention to relieve suffering; or when a person is at immediate risk to self or others. However, most dental emergencies, such as going to the emergency room for a severe toothache, are not a covered medical benefit under TRICARE.

## Home Health Care

Home health care covers part-time or intermittent skilled nursing services and home health care services for those confined to the home. All care must be provided by a participating home health care agency and be authorized in advance by the regional contractor.

## Individual Provider Services

Individual provider services cover office visits; outpatient, office-based medical and surgical care; consultation, diagnosis, and treatment by a specialist; allergy tests and treatment; osteopathic manipulation; rehabilitation services (*e.g., physical and occupational therapy and speech pathology services*); and medical supplies used within the office.

## Laboratory and X-ray Services

Laboratory and X-ray services are generally covered if prescribed by a physician. Some exceptions apply (*e.g., chemo-sensitivity assays and bone-density studies for routine osteoporosis screening*).

## INPATIENT SERVICES

### Hospitalization (*semiprivate room or special care units when medically necessary*)

Hospitalization covers general nursing; hospital, physician, and surgical services; meals (*including special diets*); drugs and medications; operating and recovery room care; anesthesia; laboratory tests; X-rays and other radiology services; medical supplies and appliances; and blood and blood products.

**Note:** Surgical procedures designated “inpatient only” may only be covered when performed in an inpatient setting.

### Skilled Nursing Facility Care (*semiprivate room*)

Skilled nursing facility care covers skilled nursing services; meals (*including special diets*); physical, occupational, and speech therapy; drugs furnished by the facility; and necessary medical supplies and appliances. TRICARE covers an unlimited number of skilled nursing days if they are medically necessary.

**Note:** TRICARE does not cover purely custodial care. Skilled nursing care is only covered in the United States and U.S. territories (*American Samoa, Guam, the Northern Mariana Islands, Puerto Rico, and the U.S. Virgin Islands*).

## CLINICAL PREVENTIVE SERVICES

### Comprehensive Health Promotion and Disease Prevention Examinations

A comprehensive clinical preventive examination is covered if it includes an immunization, Pap smear, mammogram, colon cancer screening, or prostate cancer screening. School enrollment physicals for children ages 5–11 are also covered.

### Targeted Health Promotion and Disease Prevention Services

The screening examinations listed below may be covered if provided in conjunction with a comprehensive clinical preventive examination. The intent is to maximize preventive care.

### Cancer Screenings

#### • Colonoscopy:

- Average risk: Once every 10 years beginning at age 50.
- Increased risk: Once every five years for individuals with a first-degree relative diagnosed with a colorectal cancer or an adenomatous polyp before age 60, or in two or more first-degree relatives at any age. Optical colonoscopy should be performed beginning at age 40 or 10 years younger than the earliest affected relative, whichever is earlier. Once every 10 years, beginning at age 40, for individuals with a first-degree relative diagnosed with colorectal cancer or an adenomatous polyp at age 60 or older, or colorectal cancer diagnosed in two second-degree relatives.
- High risk: Once every one to two years for individuals with a genetic or clinical diagnosis of hereditary non-polyposis colorectal cancer (HNPCC) or individuals at increased risk for HNPCC. Optical colonoscopy should be performed beginning at age 20–25 or 10 years younger than the earliest age of diagnosis, whichever is earlier. For individuals diagnosed with inflammatory bowel disease, chronic ulcerative colitis, or Crohn’s disease, cancer risk begins to be significant eight years after the onset of pancolitis or 10–12 years after the onset of left-sided colitis. For individuals meeting these risk parameters, optical colonoscopy should be performed every one to two years with biopsies for dysplasia.

- **Fecal occult blood testing:** Conduct testing annually starting at age 50.

- **Breast cancer screenings:**

- **Clinical breast examination:** For women under age 40, a clinical breast examination may be performed during a preventive health visit. For women age 40 and older, a clinical breast examination should be performed annually.
- **Mammograms:** Covered annually for all women beginning at age 40. Covered annually beginning at age 30 for women who have a 15 percent or greater lifetime risk of breast cancer (*according to risk assessment tools based on family history such as the Gail model, the Claus model, and the Tyrer-Cuzick model*), or who have any of the following risk factors:
  - History of breast cancer, ductal carcinoma in situ, lobular carcinoma in situ, atypical ductal hyperplasia, or atypical lobular hyperplasia
  - Extremely dense breasts when viewed by mammogram
  - Known BRCA1 or BRCA2 gene mutation
  - First-degree relative (*parent, child, sibling*) with a BRCA1 or BRCA2 gene mutation, and have not had genetic testing themselves
  - Radiation therapy to the chest between ages 10 and 30
  - History of Li-Fraumeni, Cowden, or hereditary diffuse gastric cancer syndrome, or a first-degree relative with a history of one of these syndromes
- **Breast screening magnetic resonance imaging (MRI):** Covered annually, in addition to the annual screening mammogram, beginning at age 30 for women who have a 20 percent or greater lifetime risk of breast cancer (*according to risk-assessment tools based on family history such as the Gail model, the Claus model, and the Tyrer-Cuzick model*), or who have any of the following risk factors:
  - Known BRCA1 or BRCA2 gene mutation
  - First-degree relative (*parent, child, sibling*) with a BRCA1 or BRCA2 gene mutation, and have not had genetic testing themselves
  - Radiation to the chest between ages 10 and 30
  - History of Li-Fraumeni, Cowden, or hereditary diffuse gastric cancer syndrome, or a first-degree relative with a history of one of these syndromes
- **Proctosigmoidoscopy or sigmoidoscopy:**
  - Average risk: Once every three to five years beginning at age 50.
  - Increased risk: Once every five years, beginning at age 40, for individuals with a first-degree relative diagnosed with a colorectal cancer or an adenomatous polyp at age 60 or older, or two second-degree relatives diagnosed with colorectal cancer.
  - High risk: Annual flexible sigmoidoscopy, beginning at age 10–12, for individuals with known or suspected familial adenomatous polyposis.

- **Prostate cancer:** A digital rectal examination and prostate-specific antigen screening is covered annually for certain high-risk men ages 40–49 and all men over age 50.
- **Routine Pap smears:** Covered annually for women starting at age 18 (*younger if sexually active*) or less often at patient and provider discretion (*though not less than every three years*). Human papillomavirus (HPV) DNA testing is covered as a cervical cancer screening only when performed in conjunction with a Pap smear, and only for women age 30 and older.
- **Skin cancer:** Examinations are covered at any age for a beneficiary who is at high risk due to family history or increased sun exposure.

## Cardiovascular Diseases

- **Cholesterol test (*non-fasting*):** Testing is covered for a lipid panel at least once every five years, beginning at age 18.
- **Blood pressure screening:** Screening is covered annually for children ages 3–6 and a minimum of every two years after reaching age 6 (*children and adults*).

## Eye Examinations

- **Well-child care coverage (*infants and children until reaching age 6*):**
  - Infants (*until reaching age 3*): One eye and vision screening is covered at birth and at 6 months.
  - Children (*from age 3 until reaching age 6*): One routine eye examination is covered every two years. Active duty family member (ADFM) children are covered for one routine eye examination annually.
- **Adults and children (*over age 6*):** ADFMs receive one eye examination each year.
- **Diabetic patients (*any age*):** Eye examinations are not limited. One eye examination per year is recommended.
- **Retired service members, their families, and others:**
  - TRICARE Prime: Routine eye examination is covered once every two years.
  - TRICARE Standard: Eye examinations are not covered after reaching age 6.

## Hearing

Preventive hearing examinations are only allowed under the well-child care benefit. A newborn audiology screening should be performed on newborns before hospital discharge or within the first month after birth. Evaluative hearing tests may be performed at other ages during routine examinations.

## Immunizations

Age-appropriate doses of vaccines, including annual influenza vaccines, are covered as recommended by the Centers for Disease Control and Prevention (CDC).

The HPV vaccine is a limited benefit and may be covered when the beneficiary has not been previously vaccinated or completed the vaccine series.

- **Females:** The HPV vaccine Gardasil (HPV4) or Cervarix (HPV2) is covered for females ages 11–26. The series of injections must be completed before reaching age 27 for coverage under TRICARE.
- **Males:** The HPV vaccine Gardasil (HPV4) is covered for all males ages 11–21 and is covered for males ages 22–26 who meet certain criteria.

A single dose of the shingles vaccine Zostavax® is covered for beneficiaries age 60 and older.

Coverage is effective the date the recommendations are published in the CDC's *Morbidity and Mortality Weekly Report*. Refer to the CDC's Web site at [www.cdc.gov](http://www.cdc.gov) for a current schedule of recommended vaccines.

**Note:** Immunizations for ADFMs whose sponsors have permanent change of station orders to overseas locations are also covered. Immunizations for personal overseas travel are not covered.

## Infectious Disease Screening

TRICARE covers screening for the following infectious diseases: hepatitis B, rubella antibodies, and HIV, and screening and/or prophylaxis for tetanus, rabies, hepatitis A and B, meningococcal meningitis, and tuberculosis.

## Patient and Parent Education Counseling

Counseling services expected of good clinical practice that are included with the appropriate office visit are covered at no additional charge for dietary assessment and nutrition; physical activity and exercise; cancer surveillance; safe sexual practices; tobacco, alcohol, and substance abuse; dental health promotion; accident and injury prevention; stress; bereavement; and suicide risk assessment.

## School Physicals

School physicals are covered for children ages 5–11 if required in connection with school enrollment.

**Note:** Annual sports physicals are not covered.

## Well-Child Care (*birth until reaching age 6*)

Well-child care covers routine newborn care; comprehensive health promotion and disease prevention examinations; vision and hearing screenings; height, weight, and head circumference measurement; routine immunizations; and developmental and

behavioral appraisal. TRICARE covers well-child care in accordance with American Academy of Pediatrics® (AAP) and CDC guidelines. Your child can receive preventive-care well-child visits as frequently as the AAP recommends, but no more than nine visits in two years. Visits for diagnosis or treatment of an illness or injury are covered separately under outpatient care.

## OUTPATIENT BEHAVIORAL HEALTH CARE SERVICES

### Outpatient Psychotherapy

Physician referral and supervision may be required when seeing mental health counselors and is always required when seeing pastoral counselors.

The following outpatient psychotherapy limits apply:

- **Psychotherapy:** Two sessions per week, in any combination of the following types:
  - Individual (*adult or child*): 60 minutes per session; may extend to 120 minutes for crisis intervention
  - Family or conjoint: 90 minutes per session; may extend to 180 minutes for crisis intervention
  - Group: 90 minutes per session
- **Collateral visits:** Up to 60 minutes per visit are covered. Collateral visits are counted as individual psychotherapy sessions. Beneficiaries have the option of combining collateral visits with other individual or group psychotherapy visits.

### Psychoanalysis

Psychoanalysis differs from psychotherapy and requires prior authorization. After prior authorization is obtained, treatment must be given by approved providers.

### Psychological Testing and Assessment

Testing and assessment is covered when medically or psychologically necessary and provided in conjunction with otherwise-covered psychotherapy. Psychological tests are considered to be diagnostic services and are not counted toward the limit of two psychotherapy visits per week.

#### Limitations:

- Testing and assessment is generally limited to six hours per fiscal year (FY) (*October 1–September 30*). Any testing beyond six hours requires a review for medical necessity.

#### Exclusions:

Psychological testing is not covered for the following circumstances:

- Academic placement
- Job placement
- Child custody disputes

- General screening in the absence of specific symptoms
- Teacher or parental referrals
- Testing to determine whether a beneficiary has a learning disability
- Diagnosed specific learning disorders or learning disabilities

## Medication Management

If you take prescription medications for a behavioral health condition, you must be under the care of a provider who is authorized to prescribe those medications. Your provider will manage the dosage and duration of your prescription to ensure you are receiving the best care possible. Medication management appointments are medical appointments and do not count toward the first eight outpatient behavioral health care visits per FY.

## INPATIENT BEHAVIORAL HEALTH CARE SERVICES

Prior authorization is required for all nonemergency inpatient behavioral health care services. Psychiatric emergencies do **not** require prior authorization for inpatient admission, but authorization is required for continued stay. Admissions resulting from psychiatric emergencies should be reported to your regional contractor within 24 hours of admission or the next business day, and must be reported within 72 hours of an admission. Authorization for continued stay is coordinated between the inpatient unit and the regional contractor.

### Acute Inpatient Psychiatric Care

Acute inpatient psychiatric care may be covered on an emergency or nonemergency basis. Prior authorization from your regional contractor is required for all nonemergency inpatient admissions. In emergency situations, authorization is required for continued stay.

#### Limitations:

- Patients age 19 and older: 30 days per FY or in any single admission
- Patients age 18 and under: 45 days per FY or in any single admission
- Inpatient admissions for substance use disorder detoxification and rehabilitation count toward the 30- or 45-day limit

*(Limitations may be waived if determined to be medically or psychologically necessary.)*

## Psychiatric Partial Hospitalization Program

Psychiatric partial hospitalization programs (PHPs) provide interdisciplinary therapeutic services at least three hours a day, five days a week, in any combination of day, evening, night, and weekend treatment programs. The following rules apply:

- Prior authorization from your regional contractor is required. PHP admissions are not considered emergencies.
- Facilities must be TRICARE-authorized.
- PHPs must agree to participate in TRICARE.

#### Limitations:

PHP care is limited to 60 treatment days (*whether full- or partial-day treatment*) per FY. These 60 days are not offset by or counted toward the 30- or 45-day inpatient limit.

*(Limitations may be waived if determined to be medically or psychologically necessary.)*

## Residential Treatment Center Care

Residential treatment center (RTC) care provides extended care for children and adolescents with psychological disorders that require continued treatment in a therapeutic environment. The following rules apply:

- Facilities must be TRICARE-authorized.
- Unless therapeutically contraindicated, the family and/or guardian should actively participate in the continuing care of the patient through either direct involvement at the facility or geographically distant family therapy.
- Prior authorization from your regional contractor is always required.
- RTC care is considered elective and is not considered an emergency.
- Admission primarily for substance use rehabilitation is not authorized for psychiatric RTC care.
- Care must be recommended and directed by a psychiatrist or clinical psychologist.

#### Limitations:

- Care is limited to 150 days per FY or for a single admission.
- RTC care is only covered for patients until reaching age 21.
- RTC care does not count toward the 30- or 45-day inpatient limit.

*(Limitations may be waived if determined to be medically or psychologically necessary.)*



## SUBSTANCE USE DISORDER SERVICES

### Inpatient Detoxification

TRICARE covers emergency and inpatient hospital services for the treatment of the acute phases of substance use withdrawal (*detoxification*) when the patient's condition requires the personnel and facilities of a hospital or substance use disorder rehabilitation facility (SUDRF).

#### Limitations:

- Diagnosis-related group exempt facility: seven days per episode
- Counts toward 30- or 45-day inpatient behavioral health care limits
- Does not count toward the 21-day rehabilitation limit

### SUDRF Rehabilitation

Rehabilitation of a substance use disorder may occur in an inpatient (*residential*) or partial hospitalization setting. TRICARE covers 21 days of rehabilitation per benefit period in a TRICARE-authorized facility, whether in an inpatient or partial hospitalization or a combination of both.\*

#### Limitations:

- 21-day rehabilitation limit per episode
- Three episodes per lifetime
- Counts toward the 30- or 45-day limit for acute inpatient psychiatric care

*(Limitations may be waived if determined to be medically or psychologically necessary.)*

### SUDRF Outpatient Care

Outpatient substance use care must be provided by an approved SUDRF.

#### Limitations:

- Individual or group therapy: 60 visits per benefit period\*
- Family therapy: 15 visits per benefit period\*
- Partial hospitalization care: 21 treatment days per FY

*(Limitations may be waived if determined to be medically or psychologically necessary.)*

*\* A benefit period begins with the first day of covered treatment and ends 365 days later.*

## SERVICES OR PROCEDURES WITH SIGNIFICANT LIMITATIONS

The following describes medical, surgical, and behavioral health care services that may **not** be covered unless exceptional circumstances exist.

### Bariatric Surgery

These procedures are covered for the treatment of morbid obesity under certain limited circumstances. For more information, contact your regional contractor or visit [www.tricare.mil/coveredservices](http://www.tricare.mil/coveredservices).

### Botulinum Toxin (Botox®) Injections

Botulinum toxin injections for cosmetic procedures, myofascial pain, and fibromyalgia are not covered. Cost-sharing may apply for injections to treat certain other defined conditions.

### Breast Pumps

Heavy-duty, hospital-grade electric breast pumps (*including services and supplies related to the use of the pump*) for mothers of premature infants are covered. An electric breast pump is covered while the premature infant remains hospitalized during the immediate postpartum period. Hospital-grade electric breast pumps may also be covered after the premature infant is discharged from the hospital with a physician-documented medical reason. This documentation is also required for premature infants delivered in non-hospital settings. Breast pumps of any type, when used for reasons of personal convenience, are excluded, even if prescribed by a physician.

### Cardiac and Pulmonary Rehabilitation

Both are covered only for certain indications. Phase III cardiac rehabilitation for lifetime maintenance performed at home or in medically unsupervised settings is excluded.

### Cosmetic, Plastic, or Reconstructive Surgery

Surgery is only covered when used to restore function, correct a serious birth defect, restore body form after a serious injury, improve appearance of a severe disfigurement after neoplastic surgery, or reconstruct the breast after mastectomy.

### Cranial Orthotic Device or Molding Helmet

Cranial orthotic devices are covered for adjunctive use for infants from 3–18 months of age whose synostosis has been surgically corrected, but who still have moderate to severe cranial deformities. Cranial orthotic devices are excluded for treatment of nonsynostotic positional plagiocephaly or for the treatment of craniosynostosis before surgery.

### Dental Care and Dental X-rays

Both are covered only for adjunctive dental care (*i.e., dental care that is medically necessary in the treatment of an otherwise covered medical—not dental—condition*). Prior authorization is required for adjunctive dental care.

## Education and Training

Education and training are only covered under the TRICARE Extended Care Health Option and diabetic outpatient self-management training services. Diabetic outpatient self-management training services must be performed by programs approved by the American Diabetes Association®. The provider's "Certificate of Recognition" from the American Diabetes Association must accompany the claim for reimbursement.

## Eyeglasses or Contact Lenses

Active duty service members (ADSMs) may receive eyeglasses at military treatment facilities (MTFs) at no cost. For all other beneficiaries, the following are covered:

- Contact lenses and/or eyeglasses for treatment of infantile glaucoma
- Corneal or scleral lenses for treatment of keratoconus
- Scleral lenses to retain moisture when normal tearing is not present or is inadequate
- Corneal or scleral lenses to reduce corneal irregularities other than astigmatism
- Intraocular lenses, contact lenses, or eyeglasses for loss of human lens function resulting from intraocular surgery, ocular injury, or congenital absence

**Note:** Adjustments, cleaning, and repairs for eyeglasses are not covered.

## Facility Charges for Non-Adjunctive Dental Services

Generally, dental care is not covered as a TRICARE medical benefit, but instead is covered under the dental program. This includes situations that are of an emergency nature. Hospital and anesthesia charges related to routine dental care for children under age 5, or those with disabilities, may be covered in addition to dental care related to some medical conditions.

## Food, Food Substitutes and Supplements, or Vitamins

Medically necessary nutritional formulas are covered when used as the primary source of nutrition for enteral, parenteral, or oral nutritional therapy. Intraperitoneal nutrition therapy is covered for malnutrition as a result of end-stage renal disease. Vitamins may be cost-shared only when used as a specific treatment of a medical condition. Additionally, prenatal vitamins that require a prescription may be cost-shared, but are covered for prenatal care only.

## Genetic Testing

Testing is covered when medically proven and appropriate, and when the results of the test will influence the medical management of the patient. Routine genetic testing is not covered.

## Hearing Aids

Hearing aids are covered only for ADFMs who meet specific hearing loss requirements.

- Hearing aids are excluded under any circumstance for retirees, retiree family members, TRICARE Reserve Select (TRS) members, and TRICARE Retired Reserve (TRR) members.
- TRICARE Young Adult coverage for hearing aids is derived from the young adult's sponsor status. If the sponsor is an ADSM, hearing aids are covered the same as for an ADFM. If the sponsor is a TRS member, retiree, or TRR member, hearing aids are excluded under any circumstance.

## Laser/LASIK/Refractive Corneal Surgery

Surgery is covered only to relieve astigmatism following a corneal transplant.

## Private Hospital Rooms

Private rooms are **not** covered unless ordered for medical reasons or because a semiprivate room is not available. Hospitals that are subject to the TRICARE diagnosis-related group (DRG) payment system may provide the patient with a private room, but will receive only the standard DRG amount. The hospital may bill the patient for the extra charges if the patient requests a private room.

## Shoes, Shoe Inserts, Shoe Modifications, and Arch Supports

Shoe and shoe inserts are covered only in very limited circumstances. Orthopedic shoes may be covered if they are a permanent part of a brace. For individuals with diabetes, extra-depth shoes with inserts or custom-molded shoes with inserts may be covered.

## LIMITATIONS AND EXCLUSIONS







The following specific services **are excluded under any circumstance. This list is not all-inclusive.** Check your regional contractor's Web site for additional information.

- Acupuncture (*may be offered at some MTFs and approved for certain ADSMs, but is not covered for care received by civilian providers*)
- Alterations to living spaces
- Artificial insemination and all other such reproductive technologies
- Autopsy services or post-mortem examinations
- Birth control/contraceptives (*non-prescription*)
- Camps (*e.g., for weight loss*)
- Charges that providers may apply to missed or rescheduled appointments

- Counseling services that are not medically necessary for the treatment of a diagnosed medical condition (*e.g., educational, vocational, and socioeconomic counseling; stress management; lifestyle modification*)
- Custodial care
- Diagnostic admissions
- Domiciliary care
- Dyslexia treatment
- Electrolysis
- Elevators or chair lifts
- Exercise equipment, spas, whirlpools, hot tubs, swimming pools, health club memberships, or other such charges or items
- Experimental or unproven procedures (*unless authorized under specific exceptions in the TRICARE regulations*)
- Foot care (*routine*), except if required as a result of a diagnosed, systemic medical disease affecting the lower limbs such as severe diabetes
- General exercise programs, even if recommended by a physician and regardless of whether rendered by an authorized provider
- Inpatient stays:
  - For rest or rest cures
  - To control or detain a runaway child, whether or not admission is to an authorized institution
  - To perform diagnostic tests, examinations, and procedures that could have been and are performed routinely on an outpatient basis
  - In hospitals or other authorized institutions above the appropriate level required to provide necessary medical care
- Learning-disability services
- Medications:
  - Drugs prescribed for cosmetic purposes
  - Fluoride preparations
  - Food supplements
  - Homeopathic and herbal preparations
  - Multivitamins
  - Over-the-counter products (*except insulin and diabetic supplies*)
  - Weight reduction products
- Megavitamins and orthomolecular psychiatric therapy
- Mind-expansion and elective psychotherapy
- Naturopaths
- Non-surgical treatment of obesity or morbid obesity
- Personal, comfort, or convenience items such as beauty and barber services, radio, television, and telephone
- Postpartum inpatient stay for a mother to stay with a newborn infant (*usually primarily for the purpose of breast-feeding the infant*) when the infant (*but not the mother*) requires the extended stay, or continued inpatient stay of a newborn infant primarily for purposes of remaining with the mother when the mother (*but not the newborn infant*) requires extended postpartum inpatient stay
- Preventive care, such as routine, annual, or employment-requested physical examinations; routine screening procedures; or immunizations, except as provided under the clinical preventive services benefit
- Psychiatric treatment for sexual dysfunction
- Services and supplies:
  - Provided under a scientific or medical study, grant, or research program
  - Furnished or prescribed by an immediate family member
  - For which the beneficiary has no legal obligation to pay or for which no charge would be made if the beneficiary or sponsor were not TRICARE-eligible
  - Furnished without charge (*i.e., cannot file claims for services provided free of charge*)
  - For the treatment of obesity such as diets, weight-loss counseling, weight-loss medications, wiring of the jaw, or similar procedures
  - Inpatient stays directed or agreed to by a court or other governmental agency (*unless medically necessary*)
  - Required as a result of occupational disease or injury for which any benefits are payable under a workers' compensation or similar law, whether such benefits have been applied for or paid, except if benefits provided under these laws are exhausted
  - That are (*or are eligible to be*) fully payable under another medical insurance or program, either private or governmental, such as coverage through employment or Medicare (*for which TRICARE is the last payer for any remaining charges*)
- Sex changes or sexual inadequacy treatment, with the exception of treatment of ambiguous genitalia that has been documented to be present at birth
- Tobacco-cessation supplies
- Sterilization reversal surgery
- Surgery performed primarily for psychological reasons (*e.g., psychogenic surgery*)
- Therapeutic absences from an inpatient facility, except when such absences are specifically included in a treatment plan approved by TRICARE
- Transportation, except by ambulance
- X-ray, laboratory, and pathological services and machine diagnostic tests not related to a specific illness or injury or a definitive set of symptoms, except for cancer screening and other tests allowed under the clinical preventive services benefit



FOR INFORMATION AND ASSISTANCE

 <b>TRICARE North Region</b> Health Net Federal Services, LLC 1-877-TRICARE (1-877-874-2273) <a href="http://www.hnfs.com">www.hnfs.com</a>	 <b>TRICARE South Region</b> Humana Military, a division of Humana Government Business 1-800-444-5445 <a href="http://Humana-Military.com">Humana-Military.com</a>	 <b>TRICARE West Region</b> TriWest Healthcare Alliance 1-888-TRIWEST (1-888-874-9378) <a href="http://TriWest.com">TriWest.com</a>
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1. For toll-free contact information, visit [www.tricare-overseas.com](http://www.tricare-overseas.com).

**An Important Note About TRICARE Program Information**  
At the time of publication, this information is current. It is important to remember that TRICARE policies and benefits are governed by public law and federal regulations. Changes to TRICARE programs are continually made as public law and/or federal regulations are amended. **Military treatment facility guidelines and policies may be different than those outlined in this product.** For the most recent information, contact your TRICARE regional contractor, TRICARE Service Center, or local military treatment facility.

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